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CONFIRMATION NO. 4547

SERIAL NUMBER 10/710,548	FILING OR 371(c) DATE 07/20/2004 RULE	CLASS 438	GROUP ART UNIT 2891	ATTORNEY DOCKET NO. FIS920040178US1
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APPLICANTS

Dureseti Chidambarao, Weston, CT;
Gregory G. Freeman, Hopewell Junction, NY;
Marwan H. Khater, Poughkeepsie, NY;

** CONTINUING DATA *****

None. SJF

** FOREIGN APPLICATIONS *****

None. SJF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

08/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

32074

TITLE

CREATING INCREASED MOBILITY IN A BIPOLAR DEVICE

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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